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| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Department: |  | | | | |
| Date: |  | | | | |
|  | | | | | |
| Have you attended in-house training classes in the past? | | Yes | | No | |
| If so, were you satisfied with the class? | | Yes | | No | |
| If you were not satisfied, why not? | |  | | | |
| Are you interested in attending in-house training in the future? | | Yes | | | |
| Where would you like training classes held? | | Yes | No | | Maybe |
| Comments: | |  | | | |